

FULL FACILITY PROFILE

AT-HOME HEALTH CARE  
45 NORTH STATE STREET  
SALINA UT 84654  
STATE'S REGION CODE: 001

PROVIDER #: 467112  
PHONE NUMBER: (435) 529-3233  
PARTICIPATION DATE: 03/10/1997

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH AGENCY  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS  
CERTIFIED HOSPICE PROVIDER NO: NONE  
NUMBER OF SUBUNITS: NONE  
PARENT AGENCY PROVIDER NO: NONE  
NUMBER OF BRANCHES: NONE

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	2.25
LICENSED PRACTICAL NURSE	.00
PHYSICAL THERAPY	.00
OCCUPATIONAL THERAPY	.00
SPEECH THERAPY	.00
MEDICAL SOCIAL WORKER	.00
HOME HEALTH AIDE	3.00
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	2.00

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
NUMBER RECORDS REVIEWED WITH HOME VISITS: 3  
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 8  
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
TOTAL RECORDS REVIEWED: 11  
TOTAL HOME VISITS: 3

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 03/29/2000  
DATE PROVIDER SIGNED POC:  
REVISIT DATES:

PROGRAM REQUIREMENTS

LEVEL OF TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
REQT	#	OF CORRECTION	DEFICIENCY	STATE		REGION		NATION	
				#	%	#	%	#	%

\*\*\*\* NO DEFICIENCIES FOUND ON CURRENT SURVEY \*\*\*\*

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 03/29/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC:

REVISIT DATES:

LEVEL OF	TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
REQT	#		OF CORRECTION	DEFICIENCY	STATE		REGION		NATION	
					#	%	#	%	#	%

TYPE OF	TOTAL THIS	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
DEFICIENCY	FACILITY	STATE	REGION	NATION
-----	-----	-----	-----	-----
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	0	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	0	1.07	1.72	03.42

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT	DEFICIENCY CORRECTED	REPEAT COP
	CORRECTED	AFTER APPROVAL	DEFICIENCY
	-----	-----	-----
COP	0	0	0

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

\* = REGIONAL OFFICE FLAG (INCLUDES COPS)    ELE = ELEMENT    STD = STANDARD    COP = CONDITION